

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 578 259

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6		1		1		
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11		4		4		
12	1		1			
13	1		1			
14		2		2		
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22		3		3		
23	1		1			
24		1		1		
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30		3		3		
31	1		1			
32		1		1		
33	1		1			
34	1		1			
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49						
50						
TOTAL IND.	27	↓	24	↓		↓
TOTAL DEP.	15	←	15	←		←
TOTAL CLAIMS	42		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						